

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|--|-----------------------------------|---|---------------|
| 1 Date of Request: <u>8/9/04</u> | | 2 Serial/Patent # <u>10/686,806</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input type="checkbox"/> | Filing | | \$ |
| <input type="checkbox"/> | Amendment | | \$ |
| <input type="checkbox"/> | Extension of Time | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | \$ |
| <input checked="" type="checkbox"/> | Petition | | \$ <u>130</u> |
| <input type="checkbox"/> | Issue | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | \$ |
| <input type="checkbox"/> | Maintenance | | \$ |
| <input type="checkbox"/> | Assignment | | \$ |
| <input type="checkbox"/> | Other | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>130</u> |
| 10 REASON: | | 8 TO BE REFUNDED BY: | |
| <input type="checkbox"/> | Overpayment | <input type="checkbox"/> Treasury Check | |
| <input type="checkbox"/> | Duplicate Payment | <input checked="" type="checkbox"/> Credit Deposit A/C #: | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | 9 <u>08--1394</u> | |
| <p><i>P70 error</i></p> | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>PCTA/B</u> | | TITLE: <u>Att</u> | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>9033080763</u> | |
| OFFICE: <u>Pet</u> | | | |
| <p>***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****</p> | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>9/8/04</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: